



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400001

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAND CHOW INC.

DOING BUSINESS AS MANDARIN DANVERS

ADDRESS 139 ENDICOTT STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: ZHENG, WEN
FENG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400002

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NYBOSDS INC.

DOING BUSINESS AS MATTY'S FOOD & SPIRITS

ADDRESS 194 ENDICOTT STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: SPERO DEMAKES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A 2 STORY BLDG WITH CEMENT BLDG ADDITION, ONE STORY. CELLAR USED FOR STORAGE, 3 ROOMS IN EACH BLDG. 2 DINING AND COCKTAIL IN ADDITION, AND ADDITION #2 ENCOMPASSING 2 BANQUET ROOMS ONTO THE ORIGINAL STRUCTURE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400005

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POL.RUSS.LITH.AMER.CITIZENS CLUB DANVERS INC.

DOING BUSINESS AS

ADDRESS 12 CHEEVER ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: ROMEOS,
CHARLES J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAMED BLDG

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400006

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 WEST INC

DOING BUSINESS AS 99 RESTAURANT & PUB

ADDRESS 60 COMM.AVE.& FED.ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: DUMONT,ROBERT TYPE OF LICENSE: Restaurant
CRAIG, JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, SEATING FOR 170

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400008

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DANVERSPORT YACHT CLUB, LLC.

DOING BUSINESS AS DANVERSPORT YACHT CLUB

ADDRESS 161 ELLIOTT ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: DE LORENZO,
PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS; MAIN; LEVEL; 1 ROOM INCLUDING LIGHTHOUSE DECK LOWER LEVEL 4 ROOMS INCLUDING ADJACENT STORAGE, PATIO AND GARDEN AREA; UPPER LEVEL 1 ROOM - BRIDAL SUITE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400009

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELM CLUB INC.

DOING BUSINESS AS ELM CLUB

ADDRESS 35 ELM ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: FLYNN, JOSEPH

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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LICENSE NUMBER: 026400011

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEXAS ROADHOUSE HOLDINGS LLC

DOING BUSINESS AS TEXAS ROADHOUSE

ADDRESS 301 NEWBURY STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: MORESCO, JOHN TYPE OF LICENSE: Restaurant
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2600 SQ FT OF RESTAURANT SPACE, 1700 OF WHICH IS ALLOCATED TO KITCHEN AND
OTHER UTILITY

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LICENSE NUMBER: 026400012

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRI INC.

DOING BUSINESS AS THE OLIVE GARDEN ITALIAN RESTAURANT

ADDRESS 153 ANDOVER STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: SHNEIDER, KIRK TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2800 SQ FT SINGLE STORY BLDG WITH FRONT ENTRANCE, REAR ENTRANCE AND EMERGENCY EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400013

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ILIJON CORP.

DOING BUSINESS AS BRUTOLE

ADDRESS 65 NEWBURY ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: PREMONT,
ROBERT F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400014

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COURTYARD MANAGEMENT CORPORATION

DOING BUSINESS AS COURTYARD BY MARRIOTT

ADDRESS 275 INDEPENDENCE WAY

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: BETTENCOURT, JENNIFER A.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

121 ROOM HOTEL WITH 50 SEAT RESTAURANT, 20 SEAT LIVING ROOM LOUNGE. 8 ENTRANCES AND EXITS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400015

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BW-DANVERS LLC

DOING BUSINESS A BUFFALO WILD WINGS GRILL & BAR

ADDRESS 100 INDEPENDENCE WAY

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: GARDNER,
MICHAEL W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STORE CONTAINING AN AREA APPROXIMATELY 6123 SQ FT OF FLOOR AREA
, OUTDOOR SEATING AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400016

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIANTGIKIS ENTERPRISES INC.

DOING BUSINESS AS CHUCK'S RESTAURANT

ADDRESS 68 MAPLE ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: KARAZURNA,
KONSTANTINOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ROOM WITH TABLES AND STOOLS FOR A COMBINED CAPACITY OF 80 PEOPLE WITH
FRONT AND REAR EXIT AND ENTRANCE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400018

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND, LLC

DOING BUSINESS AS

ADDRESS LIBERTY TREE MALL

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400019

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRIPLE T CAFE INC.

DOING BUSINESS AS CALITRI'S ITALIAN CUISINE

ADDRESS 126 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: LAPOLLA, JOSEPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK VENEER FRONT, WOODEN STRUCTURE CONSISTING OF BASEMENT, COCKTAIL LOUNGE, FUNCTION ROOMS & RESTAURANT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400020

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARDCOVER, INC.

DOING BUSINESS AS HARDCOVER

ADDRESS 00015A NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: CANARIO, BRUCE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. CONTAINING RESTAURANT, 2 LEVEL COCKTAIL LOUNGE, KITCHEN FACILITIES, LOCKED STORAGE FOR LIQUOR AND PATIO SURROUNDED BY WALL WITH RAISED OUTDOOR DECK

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400022

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SALT HILL INC.

DOING BUSINESS AS

ADDRESS 225 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: GUINEE,
WILLIAM J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN FRAME BLDG WITH 3 DINING ROOMS AND COCKTAIL LOUNGE ON SECOND FLOOR, PORTION OF BASEMENT FOR STORAGE AND BARN FOR FUNCTIONS CONNECTED TO MAIN BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400023

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUPINO'S RESTAURANT INC.

DOING BUSINESS AS

ADDRESS 250 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: SUPINO, RONALD P. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG SEATING 300 PEOPLE; 3 ENTRANCES IN FRONT, SIDE AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400024

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC.

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 10 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: HARRIS, ROBERT I TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE DETACHED BLDG WITHOUT BASEMENT, HOUSING RESTAURANT OPERATION.
SEATS 217, BAR SEATS 11. ONE ENTRANCE AND EXIT IN FRONT. 2 ADDITIONAL EXITS.
ALCOHOL BEVERAGE STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400025

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PONTE VECCHIO OF DANVERS INC.

DOING BUSINESS AS

ADDRESS 435 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: Manzo, Michael A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK AND BLOCK STRUCTURE WITH SEPARATE KITCHEN AND STORAGE
ON SAME LEVEL WITH FRONT AND SIDE ENTRANCE AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400026

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRACCIA, INC.

DOING BUSINESS AS FOUR 66 PUB & GRILL

ADDRESS 466 NEWBURY ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: BRACCIA, JANICE TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG-TWO ROOMS AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400028

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.G.I. FRIDAY'S INC.

DOING BUSINESS AS TGI FRIDAY'S

ADDRESS RTE.1-DANVERS OFF.PK

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH MULTI LEVEL DINING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400030

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MIYAKO JAPANESE STEAK HOUSE,LLC

DOING BUSINESS AS

ADDRESS 8-10 NEWBURY STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: PAN,FEI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG WITH 2 ENTRANCES/EXITS AND ONE ENT/EXIT ON
ENDICOTT ST. 2 EMERGENCY EXITS PLUS KITCHEN EXIT. 3 EXITS OUT OF BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400031

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAGE RESTAURANT MANAGER,LLC

DOING BUSINESS A DOUBLETREE BY HILTON BOSTON NORTH SHORE

ADDRESS 50 VILLAGE DR.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: DOUCETTE,MATT TYPE OF LICENSE: Innholder
HEW

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8 STORY HOTEL WITH BALLROOM,DINING ROOM,LOUNGE AND CABANA ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400032

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM & JOE'S CAFE INC.

DOING BUSINESS AS SAM & JOE'S REST.

ADDRESS 30 WATER ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: CALITRI, RALPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400033

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Onion Town Grill, Inc

DOING BUSINESS AS

ADDRESS 175 WATER ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: Couture, Gale D

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ROOMS ON STREET LEVEL, LOUNGE, DINING ROOM, KITCHEN AND STOREROOM WITH
ENLARGEMENT OF THE DINING ROOM AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400034

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAJOR LIQUORS, INC

DOING BUSINESS AS

ADDRESS 158 ANDOVER ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: SELBY, ROBERT TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS CONSISTING OF A SELLING AREA AND CELLAR, STORAGE AREA, 2
BATHROOMS. CELLAR FOR STORAGE, GROUND FLOOR FOR RETAIL PURPOSES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400035

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ENDICOTT LIQUORS,INC

DOING BUSINESS AS ENDICOTT LIQUORS

ADDRESS 139 ENDICOTT PLAZA

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: GIUMBA,
CRISTIAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6500 SQ FT PREMISES HAVING FRONT ENTRANCE/EXIT OPEN TO THE PUBLIC AND A
REAR ENT/EXIT NOT OPEN TO PUBLIC. 2/3 AREA USED FOR SALES AND 1/3 FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400036

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAWRENCE ENTERPRISES, INC.

DOING BUSINESS A NEW BRIDGE VARIETY & DELI

ADDRESS 9 BRIDGE STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: LAWRENCE,
JOHN T.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. MEASURING 20'X30' WITH ONE PUBLIC ENTRANCE/ EXIT FACING BRIDGE STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400037

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAMPBELL LIQUORS LLC

DOING BUSINESS AS MERCHANTS LIQUOR MART

ADDRESS 88 HIGH ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: CAMPBELL JR.,
WAYNE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND LEVEL ONE STORY BLDG, NO CELLAR. ENTRANCE AND EXIT ON HIGH ST. TWO
PLATE GLASS WINDOWS ON FRONT WALL. RECEIVING DOOR, LOCKED AND BARRED
WHEN NOT IN USE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400038

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RWJ BEVERAGE (MA) LLC

DOING BUSINESS A RWJ BEVERAGE

ADDRESS 55 NEEDHAM ROAD

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: REARDON, MICHA TYPE OF LICENSE: Package Store
EL

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,108 SQ. FT. OF BLDG. SEPARATE DOOR LEADING INTO THE LICENSED PREMISED
THROUGH WHICH THE GENERAL PUBLIC CAN ENTER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400039

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HIMILAYAS, INC

DOING BUSINESS AS HIGHLAND VARIETY

ADDRESS 3 COLLINS STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: MAHAT, RAMESH TYPE OF LICENSE: Package Store
K.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY VARIETY STORE WITH FRONT ENTRANCE AND REAR EXIT, STORAGE IN
BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400040

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COSTCO ATLANTIC LIQUORS, INC.

DOING BUSINESS AS COSTCO LIQUORS

ADDRESS 11 NEWBURY STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: LACHANCE,
KENNETH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN A REMODELED PORTION OF BLDG CONTAINING A RETAIL SALES AREA. STORAGE
AREAS AND ACCESSWAY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400041

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARCK ENTERPRISES, INC

DOING BUSINESS AS DANVERS EXXON MART

ADDRESS 100 HIGH ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: PATEL, SANJAY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT CONVENIENCE STORE/GAS STATION, ONE CUSTOMER ENTRANCE, ONE REAR
DELIVERY DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400042

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOUIS & ALISON, INC.

DOING BUSINESS AS COUNTRY STORE & WINE SHOPPE

ADDRESS 5 WENHAM STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: NGUYEN, LOUIS P. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONSISTING OF EXIT IN REAR AND TWO ENTRANCES. ONE FOR
DELIVERIES AND ONE FOR CUSTOMERS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400043

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEAJOE INC.

DOING BUSINESS AS DANVERS MOBILE

ADDRESS 420 NEWBURY STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: ELKHOURY,
RICHARD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN A 2846 FT PORTION OF THE BLDG CONTAINING A PACKAGE STORE RETAIL SALES A

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400046

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BUTCHERY INC.

DOING BUSINESS AS

ADDRESS 182-88 NORTH STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: Tilley, Matthew D. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN A PORTION OF BLDG. LOCATED AT 182-188 NORTH STREET , DANVERS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400047

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOTCCH INC.

DOING BUSINESS AS HONG KONG CAFE

ADDRESS 12 MAPLE ST.

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: HE, ZHAO WEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CHINESE RESTAURANT DINING AND TAKE OUT SERVICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400050

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VENTURA ENTERPRISES INC.

DOING BUSINESS AS WATERFRONT WINE & SPIRITS

ADDRESS 128 WATER STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 0101923

MANAGER: RUBIN, JERRY S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400053

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD DANVERS RESTAURANT, INC.

DOING BUSINESS AS GRASSFIELD'S BAR & GRILL

ADDRESS 29 ANDOVER STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: MIMINOS, NICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400054

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 9 ELM AMERICAN BISTRO LLC

DOING BUSINESS AS

ADDRESS 9 ELM STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: SANIDAS,
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

37 SEAT RESTAURANT, FRONT ENTRANCE/EXIT AND REAR ENTRANCE/EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400055

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LUCKY MING, INC

DOING BUSINESS AS IRON CHEF

ADDRESS 435 NEWBURY ST

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: LU, VINA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2300 SQ FT FULL SERVICE CHINESE RESTAURANT WITH SUSHI BAR AND CONTAINING 56 SEATS, DOORS AT FRONT AND REAR. 2 BATHROOMS FOR CUSTOMERS AND ONE FOR KITCHEN. TOTAL KITCHEN AREA APPROX 900 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400056

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DKORP ENTERPRISES

DOING BUSINESS AS MAPLE STREET TAVERN

ADDRESS 49 MAPLE STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: BORDERS, DEAN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

front, side and rear entrances and exits. Back half of the premises is the brewery work area...OUTDOOR SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400058

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAWASDEE RESTAURANT INC.

DOING BUSINESS AS SAWASDEE DANVERS

ADDRESS 49A MAPLE STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: CHOPELAS,
JARINEE M.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 1495 SQ. FT...FRONT AND REAR ENTRANCE AND EXITS AT 49A MAPLE STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400059

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MCKINNIN'S BUTCHER SHOP-NORTH,INC.

DOING BUSINESS A MCKINNON'S BUTCHER SHOP

ADDRESS 73 HOLTEN STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: MEREDITH,RUSSE TYPE OF LICENSE: Package Store
LL

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7,500 SQ. FT. SINGLE STORY RETAIL WITH ONE ENTR/EXIT AT FRONT CORNER OF BLDG.
AND DELIVERY ENT/EXIT AT OPPOSITE CORNER OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400060

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNNYSIDE BOWLADROME INC.

DOING BUSINESS AS

ADDRESS 176 WATER STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: CAMELES,
NICHOLAS A.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Cordials

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

22100 SQ FT CONCRETE BLOCK...LOCATION OF COUNTER AND FUNCTION AREA OF
LICENSE IS 1500 SQ FT...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400061

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANGKOK PEPPER CORP

DOING BUSINESS AS BANGKOK PEPPER

ADDRESS 6 PURCHASE STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: DOOLEY,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK WOOD BUILDING; ONE ENTRANCE AND THREE EXITS; TOTAL SQ
FEET 1,865

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026400062

CITY OR TOWN DANVERS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LONDI'S FAMOUS ROAST BEEF & PIZZA INC.

DOING BUSINESS AS LONDI'S FAMOUS ROAST BEEF PIZZA

ADDRESS 16 WATER STREET

CITY/TOWN: DANVERS

STATE: MA

ZIP CODE: 01923

MANAGER: LONDI, THODORI TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE IN THE FRONT, WITH SEATING TO THE RIGHT, BATHROOMS TO THE LEFT,
FOLLOWED BY A FRONT COUNTER, THEN COOKING AREA WITH FRIDGES/PREP AREA
WITH A REAR EXIT ON THE SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
